:: NATIONAL RESPONSE CENTER ::

:: PLATFORM REPORT (PDF) ::

The PDF Report should not be submitted to the NRC via fax or mail. They were created for use in Training and/or Response Plans, or as a guide when contacting the NRC.

Please file reports via our toll-free number (800-424-8802) or by submitting an ONLINE REPORT.

Fields displayed in RED are mandatory entries. Please fill out the form as completely as possible.					
Is this a DRILL Report ? YES NO	E-Mail Address:				
REPORTING PARTY	SUSPECTED RESPONSIBLE PARTY				
Phone 1: Type:	Last Name:				
Last Name:	First Name:				
First Name:	Phone 1: Type:				
Phone 2: Type:	Phone 2: Type:				
Phone 3: Type:	Phone 3: Type:				
Company:	Company:				
Org Type:	Org Type:				
Address:	Address:				
City:	City:				
State:	State:				
ZIP:	ZIP:				
Are you calling on behalf of responsible party:	Yes No				
Are you or your company responsible for Material released:	Yes No				
INCIDENT DESCRIPTION					
Description of Incident:					

Incident Date:		Time:	Occurred/Dis	covered/Planned:	
Type of Incident: OFFS	SHORE/PLATFORM	Incident Cause:			
		INCIDENT	LOCATION		
Location Description:					
Address Location:			Sta	te:	
			Сог	unty:	
			ZIP	:	
Nearest City:	Di	istance from Nearest (City:	Units:	
Direction:	Range:	Section	: Tow	nship:	
Latitude: Degrees:	Minutes:	Seconds:	Quadrant:		
Longitude: Degrees:	Minutes:	Seconds:	Quadrant:		
		OFFSHORE LO	CATION DE	TAILS	
Area ID:			Blo	ck ID:	
	ı	PLATFORM DESC	CRIPTION D	ETAILS	
Platform Letter:	Rig Name:	State Leas	e #:	OCSG #:	
OCSP #:	Pier/Dock #:	Berth/Slip #:	Allision:	Yes No	
Structure Type:		Structure	Name:		
Structure Operational:	Yes No	Unknown			
		MATERIA	L INVOLVED)	
MATERIAL #1					
Material:		CHRIS	Code:	CAS Code:	
Amount Released:	Units:	An	nount in Water:	Units:	
MATERIAL #2					
Material:		CHRIS	Code:	CAS Code:	
Amount Released:	Units:	An	nount in Water:	Units:	

MATERIAL #3										
Material:			CHRIS	S Code:		CAS Code:				
Amount Released:	Units:			Amount in W	later:	Unit	ts:			
MATERIAL #4			CHDI	S Codo:		CAS Codo:				
Material:			СПКК	S Code:		CAS Code:				
Amount Released:	Units:		A	Amount in W	/ater:	Unit	ts:			
MATERIAL #5										
Material:			CHRIS	S Code:		CAS Code:				
Amount Released:	Units:			Amount in W		Unit	ts:			
	<u> </u>	MATERIAI	L IN W	ATER IN	FORI	MATION				
Body of Water Affected:		Offs	shore:	Yes	No	River Mile Ma	rker:			
Tributary of:		Water S	upply C	ontaminated	d:	Yes No	Unknown			
Water Temperature:	Units:									
Wave Condition:	Si	peed:	Units	:		Direction:				
SHEEN INFORMATION										
Sheen Length:	Units:		She	en Width:		Units:				
Color:		Direction	n of Mov	vement:						
Odor Description:										
IMPACT INFORMATION										
Medium Affected: Detailed Medium Information:										
Fire:		Yes	No	Unknown	Fire	Extinguished:	Yes	No	Unknown	
Injuries:		Yes	No	Unknown	Nur	nber of Injuries:				
						nber to Hospita				
						I Employee Inju				
						l Passenger Inju				
		Yes	No	Unknown	+					
		165	NO	JIKIOWII		mber of Fatalitie				
						ployee Fatalities				
						senger Fatalitie	es:			
					Veh	icle Fatalities:				

Evacuations:		Yes	No	Unknown	Number Evacuated:	
					Radius/Area in Miles:	
					Who was Evacuated:	
Damages:		Yes	No	Unknown	Damage in Dollars:	
Road Closed:		Yes	No	Unknown	Road:	
					Major Artery: Yes No	
					Hours Closed:	
					Direction of Closure:	
Track Closed:		Yes	No	Unknown	Track:	
Passengers Transferred:					Hours Closed:	
		Yes	No	Unknown	Direction of Closure:	
Air Corridor Closed:		Yes	No	Unknown	Air Corridor:	
					Hours Closed:	
Waterway Closed:		Yes	No	Unknown	Waterway:	
					Hours Closed:	
Environmental Impact:		Yes	No	Unknown	Type of Impact:	
					Media Interest:	
		WE	ATHEF	RINFORMA	ATION	
Weather Conditions:		Air	Tempera	ature:		
Wind Speed: Unit: Wind Direction:						
REMEDIAL ACTION INFORMATION						
Remedial Action Taken:						
Release Secured: Yes N	lo Ur	nknown	Release	e Duration:	Unit:	
Rate of Release: Un	nit:			Per:		
	ΑI	ODITION	IAL AC	SENCY INF	ORMATION	
Federal Agency Notified:						
State/Local Agency Notified:						
State/Local Agency On-Scene:						
State Agency's Report Number:						

ADDITIONAL INFORMATION				
Additional Information:				

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